

Sheet 1 of 1

Substitute for form 1449/PTO, based on PTO/SB/08A and 08B

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

Application Number	10/511,471
Filing Date	May 3, 2005
First Named Inventor	MULLER et al.
Art Unit	1723
Examiner Name	Fortuna, Ana
Attorney Docket Number	125-06

Confirmation No.

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U.S. PATENT DOCUMENTS

Examiner Initial*	Cite No.	Patent Number	Issue Date (MM-DD-YYYY)	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines where Relevant Passages or Relevant Figures Appear
1	5,868,936	02/09/1999	OFSTHUN et al		
2	5,766,908	06/16/1998	KLEIN et al.		
3	6,090,292	07/18/2000	ZIMMERMANN et al.		
4	6,013,789	01/11/2000	RAMPAL		
5	5,597,456	01/28/1997	MARUYAMA et al.		

U.S. PATENT APPLICATION PUBLICATIONS

Examiner Initial*	Cite No.	Publication Number	Publication Date (MM-DD-YYYY)	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS

Examiner Initial*	Cite No.	Foreign Document Number	Country Code	Publication Date (MM-DD-YYYY)	Name	Pages, Columns, Lines where Relevant Passages or Relevant Figures Appear	T ⁵
6	97/48483	WO		12/24/1997	OFTHUN et al.		
7	0341413 B2	EP		05/17/2000	KORUDA et al.		
8	0683197 B1	EP		07/21/1999	LENS et al.		
9	0695622	EP		11/14/2001	OEHR et al.		
10	0695622	EP		11/14/2001	OEHR et al. (Delphion English translation of abstract and claims)		

NON-PATENT LITERATURE DOCUMENTS

Examiner Initial*	Cite No.	REFERENCE Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ⁵

Examiner Signature	/Ana Fortuna/	Date Considered	10/14/08
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional).

²Applicant is to place a check mark here or "x" if English language Translation is attached.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /A.F./